

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: AIKIDO COMPANY-STEFFA HOUSE (THE) (0010186)
Address: E1330 CTY HWY Q, WAUPACA, WI 54981
License Status: REGULAR
Licensed/Certified/Registered 10/13/2003
Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0094410 **End Date:** 04/01/2005 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009372 Served 04/06/2005

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------------|----------------------------|------------------|
| 50.065(6)(b) | CREDENTIALIAED CAREGIVERS | 05/11/2005 | Yes |

Survey ID: 0094259 **End Date:** 01/20/2005 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009366 Served 03/12/2005

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--------------------------------------|----------------------------|------------------|
| 88.04(5)(a) | TRAINING-15 HOURS WITHIN 6 MONTHS | | |
| 88.06(3)(a) | INDIVIDUAL SERVICE PLAN & ASSESSMENT | | |

Survey ID: 0093220 **End Date:** 08/12/2004 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 08/18/2006

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0092440 End Date: 04/14/2004 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091237 End Date: 10/13/2003 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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| Enforcement History |
|---------------------|
|---------------------|

| | | |
|-------------------------|----------------------|---------------------|
| Date: 04/01/2005 | SOD #10009372 | Appealed: No |
|-------------------------|----------------------|---------------------|

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

| | | |
|-------------------------|----------------------|---------------------|
| Date: 03/10/2005 | SOD #10009366 | Appealed: No |
|-------------------------|----------------------|---------------------|

Sanctions

PROVIDE TRAINING

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Complaint History

Date Complaint Received: 11/10/2004

Date Investigation Completed: 01/20/2005

Subject Area(s)

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS

Result

NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

NOT RECORDED
10009366

Date Complaint Received: 10/01/2004

Date Investigation Completed: 01/20/2005

Subject Area(s)

ADMINISTRATION
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/01/2004

Date Investigation Completed: 04/15/2004

Subject Area(s)

RESIDENT RIGHTS
ABUSE
MEDICATIONS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/23/2004

Date Investigation Completed: 04/15/2004

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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